TOWN EQUALIZED VALUE DETERMINATION REQUEST

COUNTY *(please type)*
TOWN
TAX INCREMENT DISTRICT NO.

CREATION RESOLUTION ADOPTION DATE

(_____ , 20 ____)

EFFECTIVE CREATION DATE: JANUARY 1, 20____

Created under Wi. Statutes 60.85

RETURN TO:

Wisconsin Dept. of Revenue
Tax Incremental Finance
PO Box 8971, MS 6-97
Madison, WI 53708-8971

Please see instructions on reverse side.

PART I.   TAXING JURISDICTIONS AFFECTED

	Name of Taxing Jurisdiction	**Jurisdiction Number**
Town		
School District(s)		
Technical College		
County		
Union High School		
Lake Management District		
Sanitary District		
Other		

PART II.   DECLARATION

I declare that this application and attachments have been examined by me and, to the best of my knowledge and belief, are true, correct, and complete. I hereby request the Department of Revenue to determine the equalized value of this tax incremental district.

Clerk's signature	Telephone number ( )	E-mail address	Date

PART III.   INDIVIDUAL TO CONTACT FOR ADDITIONAL INFORMATION

Name and Title	E-mail address
Address	Telephone number ( )

(OVER)

PART IV.   OTHER TAX INCREMENTAL DISTRICTS

TID NUMBER (Existing & Previous)	CREATION DATE	DISSOLUTION DATE	TID NUMBER (Existing & Previous)	CREATION DATE	DISSOLUTION DATE

ALL FORMS AND ATTACHMENTS MUST BE COMPLETE AND CORRECT TO THE SATISFACTION OF THE DEPARTMENT OF REVENUE

INSTRUCTIONS

Identify the county, town, and TID number in the upper left-hand corner. Fill in the date the creation resolution was adopted by the town board and the effective creation date of the TID. EXAMPLE: If the resolution was adopted between October 1, 2004 and September 30, 2005 the effective date is January 1, 2005. If it was adopted between October 1, 2005 and September 30, 2006 the effective date is January 1, 2006.

PART I – Identify all taxing jurisdictions authorized to levy taxes on property within the tax incremental district. Include the name of the jurisdiction and its identifying number if known.

PART II – The clerk should sign in the area provided. (This is the official request for the department of revenue to certify a base value for the district.) Also include the date signed, your telephone number, and e-mail address if available.

PART III – Complete this area if an individual other than the clerk should be contacted for additional information.

PART IV – Identify all other tax incremental districts in the town, including those that still exist and those that have been terminated or dissolved. Enter the TID number, creation date, and date of dissolution (if applicable). If more space is needed, attach another sheet.